

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**FINANCIAL DISCLOSURE STATEMENT**

For New Members, Candidates, and New Employees

LEGISLATIVE RESOURCE CENTER

18 APR 20 PM 1:26

Name: Kathy Dicus White Daytime Telephone \_\_\_\_\_

<b>FILER STATUS</b>	<input checked="" type="checkbox"/> New Member or Candidate for U.S. House of Representatives	State: <u>Hungary</u>	District: <u>13</u>	<input type="checkbox"/> Check if Amendment
	Candidates – Date of Election: <u>August 2009</u>			
<input type="checkbox"/> New Officer or Employee	Staff Filer Type (If Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant			Period Covered: January 1, _____
Employing Office: _____			A \$200 penalty shall be assessed against any individual who files more than 30 days late.	

**PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS**

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?  C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?  D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>  F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>  G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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**ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"**

**THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE**

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS**

**TRUSTS** – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?  Yes  No

**EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.  Yes  No

## SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Kentel D White

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Assets and/or Income Sources												Value of Asset												Type of Income												Amount of Income																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
<p>Identify (a) each asset held for investment or production of income and with a fair market value, please use a valuation method other than fair market value, please specify the method used.</p> <p>(b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds to not use only ticker symbols).</p>												<p>' all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in account that exceeds the reporting thresholds.</p> <p>Bank and other cash accounts, total the amount in interest-bearing accounts, if the total is over \$1,000 in interest-bearing accounts.</p> <p>Real and other real property held for investment, to a complete address or description, e.g., property, and a city and state.</p> <p>Ownership interest in a privately-held business not publicly traded, state the name of the business, the nature of its activities, and its location in Block A.</p> <p>Your personal residence, including second vacation homes (unless there was rental during the reporting period); and any financial or income derived from, a federal program, including the Thrift Savings Plan.</p> <p>- have a privately-traded fund that is an Excepted Fund, please check the EIF box.</p>												<p>Indicate value of asset at close of the reporting period. If you indicate that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts.</p> <p>If an asset was sold during the reporting period and is included only because it generated income, the value should be "None".</p> <p>"Column M is for assets held by your spouse or dependent child in which you have no interest:</p>												<p>Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts.</p> <p>If an asset was sold during the reporting period and is included only because it generated income, the value should be "None".</p> <p>"Column M is for assets held by your spouse or dependent child in which you have no interest:</p>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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**Use additional sheets if more space is required.**

# SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Kentle D White      Page 6 of 7

BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income
ASSET NAME	EF#			
Living Life Trust	X	None		
		\$1-\$1,000		
		\$1,001-\$15,000		
		\$15,001-\$50,000		
		\$50,001-\$100,000		
		\$100,001-\$250,000		
		\$250,001-\$500,000		
		\$500,001-\$1,000,000		
		\$1,000,001-\$5,000,000		
		\$5,000,001-\$25,000,000		
		\$25,000,001-\$50,000,000		
		Over \$50,000,000		
		Spouse/DC Asset over \$1,000,000*		
		NONE		
		DIVIDENDS		
		RENT		
		INTEREST		
		CAPITAL GAINS		
		EXCEPTED/BLIND TRUST		
		TAX-DEFERRED		
		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		
		None	I	I
		\$1-\$200	II	II
		\$201-\$1,000	III	III
		\$1,001-\$2,500	IV	IV
		\$2,501-\$5,000	V	V
		\$5,001-\$15,000	VI	VI
		\$15,001-\$50,000	VII	VII
		\$50,001-\$100,000	VIII	VIII
		\$100,001-\$1,000,000	IX	IX
		\$1,000,001-\$5,000,000	X	X
		Over \$5,000,000	XI	XI
		Spouse/DC Income over \$1,000,000*	XII	XII
		None	I	I
		\$1-\$200	II	II
		\$201-\$1,000	III	III
		\$1,001-\$2,500	IV	IV
		\$2,501-\$5,000	V	V
		\$5,001-\$15,000	VI	VI
		\$15,001-\$50,000	VII	VII
		\$50,001-\$100,000	VIII	VIII
		\$100,001-\$1,000,000	IX	IX
		\$1,000,001-\$5,000,000	X	X
		Over \$5,000,000	XI	XI
		Spouse/DC Income over \$1,000,000*	XII	XII

## SCHEDULE C – EARNED INCOME

Name: Kentel D Whitt

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

**EXCLUDE:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

**INCOME LIMITS and PROHIBITED INCOME:** Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
ABO Trade Association, Baltimore, MD (July 15)	Honorarium	\$500	
State of Maryland	Salary	\$20,000	\$16,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Orange County Board of Education	Spouse Salary	N/A	N/A

Randy Givens (Wife)

Spouse Salary

N/A

N/A

**SCHEDULE D – LIABILITIES**

Name: Kerthe White

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**Report** Liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a **revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

**\*Column K is for liabilities held solely by your spouse or dependent child**

SP, DC, Jr.	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability							
				A	B	C	D	E	F	G	H
My Deposit, Education	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE	\$10,001-\$15,000							
SP Ford Motor Credit	4/18		Student Loans	\$15,001-\$50,000							
				\$50,001-\$100,000							
				X	\$100,001-\$250,000						
					\$250,001-\$500,000						
					X	\$500,001-\$1,000,000					
						\$1,000,001-\$5,000,000					
						X	\$5,000,001-\$25,000,000				
							\$25,000,001-\$50,000,000				
							X	Over \$50,000,000			
								Over \$1,000,000* (Spouse/DC Liability)			K

## SCHEDULE E – POSITIONS

**Report** all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members** and **second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization

## SCHEDULE F – AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Name: <u>Kentrel White</u>	Page <u>5</u> of <u>7</u>
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**SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

Date	Parties to Agreement	Terms of Agreement

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat information listed on Schedule C.**

**FILER NOTES  
(Optional)**

Name: Kentrelle Wright

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NOTE NUMBER	NOTES

Use additional sheets if more space is required.

**FILER NOTES  
(Optional)**

Name: Kentley D White

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**Use additional sheets if more space is required.**